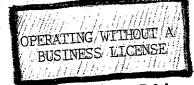
TOWN OF DAVIE 6591 S.W. 45 STREET DAVIE, FLORIDA 33314 (954)797-1112



HOME OCCUPATIONAL LICENSE APPLI

INSTRUCTIONS: For each Business Location in the Town of Davie, please complete an application. Once completed, return the application to the Occupational License division located at Town Hall.

Once completed, return the application to the Occupational Lives
APPLICANTS: COMPLETE BOTH SIDES OF AFT LICENTARY ON TOOLS BUSINESS NAME: LAZARO SALAZAR DEALER FOR SNAP ON TOOLS ZIP 33321
BUSINESS MAILING ADDRESS:
SUCINESS PHONE: 734
DESCRIBE TYPE OF BUSINESS. Partnership TRANCHISE
Sole Proprietor.
Owner/Officer (s) Home Address City/Zip Phone: 95442586
1 / AZARO A. SA/AZAR 14521 3W 318120
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Federal ID Number or Social Security Hands of Paville and I may not conduct any interest and that this is an application for a home occupational license in the Town of Davie and I may not conduct any I understand that this is an application for a home occupational license in the Town of Davie and I may not conduct any I understand that this license upon issuance, is business at this location until I have received the license itself. I further understand that this license upon issuance, is business at this location until I have received the license occupational license in the Town of Davie and I may not conduct any I understand that this license upon issuance, is business at this location until I have received the license occupational license in the Town of Davie and I may not conduct any I understand that this license upon issuance, is business at this location until I have received the license occupational license in the Town of Davie and I may not conduct any I understand that this license upon issuance, is
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This application for home occupational license allows mail and toop This application for home occupational license allows mail and toop This application for home occupational license allows mail and toop only no signs or exterior storage, no on-site employees are permitted.
This application for nome coses, no on-site employees are portant
anly.no signs of cases
Maria Carlos
LAZARO A. SAIARAR. Signature of Owner or Officer
Ostinare Name and Title
Office Use Only: Date 11/10 ategory 07300 Fee \$110.25 Rec# New
Office Use Only: Date 11710 Eategory 115512 Zoning P-1
Office Use Only: Date 1711 July 2001 July 2001 Zonling Control # 14556
License # 03-17662 Control # 14350 Date Date
Yes No Zomis T
Council approval Required Denied Denied
Town Council Date 12/4/02 Approved Denied
Tabled To 12/18/02 Approved Denied
Tabled To - 1/0/00 APPROVAL
OCCUPATIONAL LICENSE DEPARTMENT APPROVAL OWNER SIGNATURE REQUIRED ON BACK OF APPLICATION DISTRIBUTED DISTRIBUTED
OWNER SIGNATURE REQUIRED DISTRIBUTOR
8/00